



# Immunization Update

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## ***Michigan Immunization Update to Discontinue Print Version***

Due to the necessity to cut costs, the print version of the *Michigan Immunization Update* newsletter is being discontinued. Beginning with the next issue, this newsletter will only be distributed electronically. It will be distributed by email, as well as being posted on the MDCH website at: [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

If you are not already on our listserv, send an e-mail message to [franklinr@michigan.gov](mailto:franklinr@michigan.gov). Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the email list and you will begin receiving the newsletter electronically, beginning with the next issue. In addition, a brochure for the MDCH 2007 Fall Regional Immunization Conferences will be emailed to you on August 1. (See page 11 for more information about the conferences. Conference information is also posted on the MDCH website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize), under the *Provider Information* section).

### **New Format and Improved Timeliness**

As we make these changes and switch to an electronic-only format, we are also working on improving the newsletter's timeliness. Our goal is to distribute the newsletter on a quarterly basis. (In fact, discussions are underway about the possibility of making the newsletter bi-monthly.)

We hope that you like the changes. You may send any comments or suggestions to Rosemary Franklin at [franklinr@michigan.gov](mailto:franklinr@michigan.gov).

### **Please note**

If the Michigan Immunization Update newsletter is already being sent to you through email, it is not necessary for you to send us your email address again.

## **STATE NEWS**

### **Michigan's VFC Program Expands its Coverage**

Due to some changes in MDCH's funding for the current fiscal year and the slow uptake of several vaccines, Michigan's VFC program is able to expand its 317 coverage to offer the following:

1. MCV4 (Menactra) vaccine can now be administered to all VFC-eligible clients 11 through 18 years of age INCLUDING the underinsured seen in private provider offices. Private providers will no longer need to refer children to a Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or the health department for MCV4 vaccine and providers will no longer have to follow the priority groups. All VFC-eligible clients, 11 through 18 years of age, who wish to be vaccinated against this disease may receive the vaccine.

2. HPV4 vaccine can now be administered to all VFC-eligible females 9 through 18 years of age INCLUDING the underinsured seen in private provider offices. Private providers will no longer need to refer underinsured clients to an FQHC, RHC or the health department for HPV4 vaccine.
3. Hepatitis A vaccine will now be available for all children over 1 year of age who are VFC-eligible clients, (including the underinsured) seen in ALL provider offices. This will eliminate the previous policies of administering vaccine only to those born after 01/01/2004, screening for high risk criteria, and the need to refer clients to an FQHC, RHC, Migrant Health Center or the health department.

MDCH will make every effort to maintain and support the funding to continue to offer these vaccines to these expanded populations. These changes are effective June 1, 2007. The 2007 edition of the VFC Resource Book will be updated to reflect these changes.

We are very pleased to have the opportunity to remove barriers to allow even more of Michigan's children to be vaccinated in their medical home.

For more information, contact Terri Adams RN, BSN, VFC Coordinator, Division of Immunization, Michigan Department of Community Health. Terri can be reached at [AdamsT2@michigan.gov](mailto:AdamsT2@michigan.gov) or 517-335-9646.

## **The Vaccine Management Business Improvement Project (VMBIP)**

The National Centers for Immunization and Respiratory Diseases (NCIRD) at CDC is implementing a new centralized vaccine distribution process for the Vaccines for Children program.

On February 5, 2007, a three-year initiative to nationally centralize vaccine distribution started as scheduled, with several pilot states beginning the third party distribution system using a contractor - McKesson ([www.mckessonspecialty.com](http://www.mckessonspecialty.com)). This initiative, known as the Vaccine Management Business Improvement Project (VMBIP), consists of a team of state and local immunization program managers, and an outside consulting group to review all elements of the vaccine supply chain that supports 64 state, major cities, and local immunization programs.

### **The major goals of VMBIP are to:**

- Simplify the process for ordering, distribution, accountability and management of vaccines to be able to respond more quickly and effectively to a public health crisis. This will be particularly helpful in times of disease outbreaks, vaccine shortages, and other disruptions of vaccine supply.
- Implement a more efficient national vaccine distribution system. This also allows for redistribution of vaccine among states and grantees in times of need.
- Reduce the lead time between orders for vaccine and delivery of vaccine, as well as enable the direct delivery of vaccines to providers. In doing this, we reduce the number of steps in the cold chain and can better ensure the safety and efficacy of vaccines. To our advantage, this also guarantees that vaccine is insured if something happens to the vaccine en route to the provider office.

### **Michigan's transition date is January 14, 2008, and is referred to as our *go live* date.**

Many variables have been considered when determining this overall plan and the information that the Michigan Vaccines for Children (VFC) program has been collecting from local health departments (LHD), including:

- estimated implementation duration (vaccine transition considerations- provider storage capacity, ordering patterns, and VFC profiles),
- LHD contract expirations/out-clauses,
- current distribution locations of federal purchased vaccines, and
- resources available to support the implementation

Local health department immunization staff has been critical in helping with the development of this project in Michigan. The Michigan Department of Community Health (MDCH) has gathered data specific to each county to help ease the transition for providers and LHD. There will also be a new ordering system in Michigan. Unlike the

current ordering system, the new system, called VODS, will allow providers to place vaccine orders directly into a web-based ordering system. A technical group of state and local health departments is working on integrating the Michigan Care Improvement Registry (MCIR) with the national ordering system so that providers will be able to order directly from MCIR.

As more information on VMBIP becomes available, it will be posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under the *Provider Information* section).

## **Influenza Sentinel Physicians Needed Now**

The purpose of the influenza sentinel provider system is to monitor influenza activity in the outpatient population. Sentinels do this by reporting visits due to influenza-like illness and total office visits to CDC weekly and by collecting clinical specimens from a sample of patients for respiratory virus culture conducted free-of-charge at the Michigan Department of Community Health (MDCH) laboratory. These data are used to understand when and where influenza activity is occurring, to track influenza-related illness, to determine what type of influenza viruses are circulating, and to detect changes in influenza viruses.

These surveillance activities are particularly important now as part of pandemic influenza preparedness. Human cases of highly pathogenic avian influenza A/(H5N1) continue to occur overseas, and have resulted in a cumulative total of 291 cases to date with a case fatality rate of 59%. Fortunately, person-to-person transmission of H5N1 has been rare and unsustained so far. The epizootic of highly pathogenic avian influenza A/(H5N1) is not expected to diminish in the near future, and continuing human infections with this virus pose an enormous public health threat.

Participation in the sentinel program requires less than 30 minutes per week. For more information, or to enroll, contact Rachel Potter, D.V.M., M.S., at [potterr1@michigan.gov](mailto:potterr1@michigan.gov).

## **NATIONAL NEWS**

### **ACIP Update: Meningococcal Conjugate Vaccine and Varicella Vaccines**

CDC recently sent out a reminder that on November 3, 2006, a MMWR Notice to Readers was published alerting vaccine providers that the supply issues for Meningococcal Conjugate Vaccine (MCV4) (Menactra), were resolved and that practitioners should resume vaccination of children aged 11-12 years and continue immunizing those entering high school and college freshmen living in dormitories. MCV4 may be administered at the same time as other needed vaccines that are recommended for preteens and teens. The electronic link may be found at <http://www.cdc.gov/mmwr/PDF/wk/mm5543.pdf> or <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5543a5.htm>.

### **ACIP Update: ProQuad® (MMRV)**

In February 2007, Merck prioritized the production of Varivax and Zostavax over ProQuad® due to lower than expected VZV bulk yields. It is now projected the ProQuad® will be unavailable beginning in July 2007, depending on market demand, and supply is not expected to return in 2007. Providers should plan to use Varivax and M-M-R-II(r) in place of ProQuad® at this time. Merck expects to continue to meet the demand for Varivax and Zostavax.

Further information may be found in the MMWR article at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5618a6.htm>.

Updates for vaccine supply issues may be found at <http://www.cdc.gov/nip/news/shortages/default.htm>.

## **CDC Releases Safety Data on Rotavirus Vaccine**

The Centers for Disease Control and Prevention (CDC) released new safety data in its March 16 publication of Morbidity and Mortality Weekly Report (MMWR) on a recently licensed rotavirus vaccine given to infants. After one year of experience with the RotaTeq® vaccine, there is no evidence of an association between the vaccine and intussusception. Intussusception, a form of bowel obstruction, occurs spontaneously in the absence of vaccination. There are a number of intussusception cases that occur every year in children in the age group recommended for RotaTeq® (6-32 weeks of age) and are not related to the vaccine.

According to the data, 35 confirmed cases of intussusception were reported to the Vaccine Adverse Event Reporting System (VAERS) between February 1, 2006, and February 15, 2007. Of the 35 reports, 17 cases occurred within 21 days following RotaTeq® vaccination, considerably fewer than the 52 intussusception cases expected to occur naturally among infants without vaccination, which is known as the background rate. As of January 31, the manufacturer had distributed 3.6 million doses of RotaTeq®.

These cases were detected through routine monitoring of new vaccines like RotaTeq® using the Vaccine Adverse Event Reporting System (VAERS). This routine monitoring is done to ensure the safety of all vaccines. CDC is closely monitoring VAERS reports associated with the rotavirus vaccine, as CDC would be with any newly licensed vaccine. However, because an earlier rotavirus vaccine was found to be associated with intussusception, CDC is closely watching for cases of intussusception following rotavirus vaccination. CDC and FDA encourage all healthcare providers and other individuals to report any cases of intussusception or other serious adverse events to VAERS. For a copy of the vaccine reporting form, call 1-800-822-7967 or report online at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

RotaTeq is recommended for routine vaccination of U.S. infants to protect against rotavirus, which causes severe diarrhea, vomiting, fever and dehydration (gastroenteritis) in children.

More information can be found in the MMWR article at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5610a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5610a3.htm).

## **CDC Makes Minor Revisions to the VIS for DTaP Vaccine**

A new DTaP Vaccine Information Statement (VIS) was posted on 5/17/07. It contains minor changes including a reference to Tdap vaccine, new web addresses for the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Injury Compensation Program, and the mortality rate for tetanus was updated from 1/10 to 2/10 to reflect current data.

The Centers for Disease Control (CDC) has instructed the states to use up existing stocks of the DTaP VIS. Providers are being asked to not scrap any DTaP VIS forms dated 7/30/01. As of May 22, the Michigan Department of Community Health (MDCH) had over 50,000 of these VIS in stock. If a local health department requests DTaP VIS forms, the MDCH Division of Immunization will send bulk quantities of the DTaP VIS (dated 7/30/01), until the stock is depleted.

The new VIS is now posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) under Vaccine Information Statements.

## **Stay Current on New Vaccines and Recommendations**

The following online resources can help you to stay current on immunization. The Michigan Department of Community Health (MDCH) also offers free immunization update opportunities for health care professionals. (See page 12 for more information about the inservices.)

### **Online Resources**

- MMWR (CDC's Morbidity and Mortality Weekly Report) – To subscribe, go to [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)
- ACIP Provisional Recommendations – [www.cdc.gov/nip/recs/provisional\\_rec](http://www.cdc.gov/nip/recs/provisional_rec)
- ACIP Published Recommendations – [www.cdc.gov/nip/publications/acip-list.htm](http://www.cdc.gov/nip/publications/acip-list.htm)
- IAC Express – To subscribe, go to [www.immunize.org/express](http://www.immunize.org/express)

## MDCH Websites

- General Immunization Information – [www.michigan.gov/immunize](http://www.michigan.gov/immunize)
- Influenza – [www.michigan.gov/flu](http://www.michigan.gov/flu)
- Yellow Fever and Travel Vaccines – [www.michigan.gov/yellowfever](http://www.michigan.gov/yellowfever)
- Hepatitis B – [www.michigan.gov/hepatitisB](http://www.michigan.gov/hepatitisB)

## THE MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)

### Flu and Technology: Standing Ready for Seasonal and Pandemic Influenza Preparedness

Public Act 91 of 2006 allowed the Michigan Care Improvement Registry (MCIR) to become a life-span registry (to include adult immunizations) and incorporated legislation that allows MCIR to integrate with other child health data sets such as Lead Screening, Newborn Screening, and Newborn Hearing. MCIR gives local health departments the ability to complete population-based immunization level assessments and target outreach efforts. MCIR is useful in practical applications such as being able to flag high risk patients, notifying healthcare professionals that a person is in a priority group for flu vaccine, and in the future will allow healthcare professionals to recall or remind patients when to get a flu vaccine. MCIR will also be instrumental in tracking vaccine and antivirals used to prevent and treat a novel influenza virus.

#### MCIR and Seasonal Flu

Healthcare providers can download the Michigan versions of the Vaccine Information Statements (VIS) through MCIR. In Michigan, it is important that patients are given the Michigan-specific VIS, because they contain information about MCIR and inform recipients that their data will be entered into MCIR.

Through MCIR, healthcare providers are able to electronically access child, adolescent and adult immunization records and add immunization information such as the date a flu vaccine is given, lot number, injection site, and clinic information.

The Influenza Vaccine Exchange Network (IVEN) is available in MCIR for immunization providers. During the 2005-2006 influenza season, Michigan's Flu Advisory Board created IVEN, a centralized location where providers can share information about their influenza vaccine inventory. IVEN facilitates vaccine redistribution and can be used by licensed physicians, their staff, local health departments, pharmacy staff, nursing homes, hospitals, and other health care providers to post and search for surplus or needed influenza vaccine. IVEN is only accessible to sites that are registered to use MCIR. More information on IVEN is available at [www.michigan.gov/flu](http://www.michigan.gov/flu).

#### All Hazards and Pandemic Influenza Preparedness

The all-hazards tracking system for emergency preparedness will become available in MCIR in the event of a pandemic or other public health emergency. In a public health emergency such as pandemic influenza, the MCIR All Hazards module will serve a useful role in tracking persons treated, and/or provided prophylaxis as a result of an emergency. The state will be able to quickly assess and monitor antiviral, pre-pandemic vaccine, and pandemic vaccine use by recipient tier groups. MCIR linkages to VAERS (Vaccine Adverse Event Reporting System) and AERS (Adverse Event Reporting System) support post-marketing safety surveillance for approved vaccine and drug products. IVEN will allow for redistribution of vaccine during a pandemic response. MCIR's tracking function will allow local health departments to maintain accurate, real-time patient data, and also serves as a record-keeping mechanism for short and long-term event recovery. The Michigan Department of Community Health (MDCH) Division of Immunization will activate the All Hazards module when there are confirmed outbreaks overseas (Federal Stage 2), i.e., evidence of increased person-to-person transmission (World Health Organization Phase 4); it will be operational immediately. During this phase, All Hazard Scan forms will be distributed and used to document vaccines and antivirals administered.

## The Future of MCIR

The Michigan Care Improvement Registry will continue to become more useful. Providers may now access laboratory lead results of individuals and guidance for follow-up, in addition to obtaining immunization data. During 2007, project goals include developing linkages with Newborn Screening and Newborn Hearing data. The ability to link with these databases will allow MCIR to provide real time data that is critical information during a newborn's first visit. Currently, physicians call the hospital to have the screening results faxed to them when the patient is in their office for the first checkup, at two weeks of age. It is anticipated that the development of enhancements will continue to expand the functionality of MCIR in Michigan.

## RECOMMENDATIONS & REMINDERS

### Vaccine Administration Errors are Easy to Make – CHECK YOUR VIALS!

For several months, the MDCH Division of Immunization has been hearing anecdotal accounts suggesting that vaccine administration errors are on the rise. Therefore, we are urging you to carefully check your vaccine vials to ensure that you give the right vaccine to the appropriate age groups.

#### Letters Make a Difference

Have you wondered why there are more capital letters in DTaP than in Tdap? The upper case letters, "D" and "P" in DTaP signify that this vaccine contains more diphtheria and pertussis antigen than are in Tdap. As the "T"s are the same, you are right in assuming the amount of tetanus antigen is similar in both vaccines. Make sure you:

- give the right vaccine based on the person's age and recommendation and,
- enter it into the Michigan Care Improvement Registry and on the vaccine administration record correctly.

If you have given the wrong vaccine, consult with your local health department before giving additional doses.

Vaccine	Use for Ages:
DTaP	6 weeks through 6 years
Td	7 years and older
Tdap	Boostrix® 10 through 18 years Adcel® 11 through 64 years
DT	Limited use: children 6 weeks through 6 years with a contraindication/precaution to pertussis
DTP	For historical data entry only; not currently available in the U.S.



#### Check Your Vials Posters Available Online

In 2006, the California Immunization Branch produced a poster titled *Check Your Vials*. The poster, which is 5½" x 8½", is pictured on the previous page. It is available on the AIM Toolkit website at [www.aimtoolkit.org](http://www.aimtoolkit.org). (Go to the AIM Toolkit website, then click on Vaccine Storage and Resources, and then click on Vaccine Management. The Check Your Vials poster is listed at the bottom of that page).

#### Communication with staff is critical

It is essential to give the right vaccine to your patients. You may want to make a copy of this article for your staff and hold a training session. In addition, you may want to download the *Check Your Vials* poster from the AIM Toolkit website and post some copies in your clinic. Whatever you do, please take the necessary steps to ensure that your patients receive the correct vaccine.



## Timing of Infant's First Dose of Hepatitis B Vaccine is Critical

### Can we afford not to follow the current recommendations?

In December 1999, a three-month-old Michigan infant died from acute hepatitis B. After investigation, it was discovered that the infant's mother was chronically infected with hepatitis B and tested positive for hepatitis B surface antigen (HBsAg) during her pregnancy. Unfortunately, the test results were communicated inaccurately to the hospital where the baby was born. This was during the time that hospitals stopped giving all newborns the first dose of hepatitis B vaccine before discharge because of the concern raised about the preservative thimerosal in hepatitis B vaccine. Because the information from the prenatal care provider indicated that the infant's mother was negative for hepatitis, the infant did not receive hepatitis B vaccine or hepatitis B immune globulin (HBIG). Unfortunately, documentation errors continue to occur and put unvaccinated infants at risk of getting hepatitis B.

Based on estimates from the Centers for Disease Control and Prevention (CDC), Michigan identifies <50% of all the babies born to pregnant HBsAg-positive women every year. Without proper prophylaxis, more than 300 babies in Michigan could become infected with hepatitis B. We have worked hard to identify all pregnant HBsAg-positive women, but have not been successful according to these estimates. The only "safety net" would be to give all babies born in Michigan the birth dose of hepatitis B vaccine.

On December 23, 2005, the Advisory Committee on Immunization Practices (ACIP) published "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States." [www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm).

Part of the recommendations listed for hospitals are to make sure policies and procedures and standing orders are in place and are implemented to:

- Initiate immunization for infants born to HBsAg-positive mothers, infants born to mothers with unknown HBsAg status, and for all infants; and to
- Ensure enrollment and participation in the federally funded Vaccines for Children (VFC) Universal Hepatitis B Program

We currently have 91 of 94 birthing hospitals enrolled in the VFC Universal Hepatitis B Program.

Our Electronic Birth Certificate (EBC) has a field to document that a baby has received the birth dose of hepatitis B vaccine. Once the birth dose is documented on the EBC, this information can be forwarded to the State and downloaded in the Michigan Care Improvement Registry (MCIR).

Through MCIR assessments, documentation of the birth dose of hepatitis B vaccine on the EBC has increased 2% every year since 2002. In 2002, it was 72% and in 2006 it was 80%. However, only 42 (of the 94) birthing hospitals document >90% of their babies are receiving the birth dose of hepatitis B vaccine, even though we have FREE hepatitis B vaccine for all babies born in Michigan.

Again this year, the Michigan Department of Community Health Perinatal Hepatitis B Prevention Program staff will be contacting every birthing hospital in Michigan. We will conduct a survey to review current policies and standing orders, and will verify that the birth dose of hepatitis B vaccine is being properly documented on the EBC. Over the next five years we will be conducting hospital chart reviews and feedback sessions as a follow-up to these surveys and in compliance to our program objectives.

We will be contacting the local health departments to verify the level of hepatitis B administration in your birthing hospitals as it compares to the birth dose coverage levels reported through MCIR and to see how we can work together to improve the birth dose coverage levels in Michigan.

If you have any questions, please contact Pat Fineis at 517-335-9443 or at 800-964-4487.

## Separate Immunization Schedules are Published for Children and Adolescents

The Advisory Committee on Immunization Practices (ACIP) publishes updated immunization schedules for children every January. This year, for the first time, there is a separate schedule for adolescents. The changes below reflect revised recommendations for the use of licensed vaccines, including those newly licensed:

- The new rotavirus vaccine (Rota) is recommended in a 3-dose schedule at ages 2, 4, and 6 months. The first dose should be administered at ages 6 weeks through 12 weeks with subsequent doses administered at 4--10 week intervals. Rotavirus vaccination should not be initiated for infants aged >12 weeks and should not be administered after age 32 weeks.
- The influenza vaccine is now recommended for all children aged 6--59 months.
- Varicella vaccine recommendations are updated. The first dose should be administered at age 12--15 months, and a newly recommended second dose should be administered at age 4--6 years.
- The new human papillomavirus vaccine (HPV) is recommended in a 3-dose schedule with the second and third doses administered 2 and 6 months after the first dose. Routine vaccination with HPV is recommended for females aged 11--12 years; the vaccination series can be started in females as young as age 9 years; and a catch-up vaccination is recommended for females aged 13--26 years who have not been vaccinated previously or who have not completed the full vaccine series.
- The main change to the format of the schedule is the division of the recommendation into two schedules: one schedule for persons aged 0--6 years and another for persons aged 7--18 years. Special populations are represented with purple bars; the 11--12 years assessment is emphasized with the bold, capitalized fonts in the title of that column. Rota, HPV, and varicella vaccines are included in the updated catch-up immunization schedule, in addition to being added to the new immunization schedules.

Health care providers are urged to thoroughly review all of the new schedules' footnotes, in addition to the schedules themselves.

2007 childhood and adolescent immunization schedules:

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

## CDC Publishes Human Papillomavirus (HPV) Vaccine Recommendations

On March 23, CDC published the recommendations of the Advisory Committee on Immunization Practices (ACIP) for HPV vaccine in its Morbidity and Mortality Weekly Report (MMWR). These recommendations summarize the epidemiology of HPV and associated diseases, describe the licensed HPV vaccine, and provide recommendations for its use for vaccination among females aged 9--26 years in the United States.

Genital HPV is the most common sexually transmitted infection in the United States; an estimated 6.2 million persons are newly infected every year. The majority of infections cause no clinical symptoms. However, persistent infection with oncogenic types can cause cervical cancer in women. HPV infection also is the cause of genital warts and is associated with other anogenital cancers. In 2007 -- even with the widespread use of Papanicolaou (Pap) testing, which can detect precancerous lesions of the cervix before they develop into cancer -- an estimated 11,100 new cases will be diagnosed and approximately 3,700 women will die from cervical cancer. In certain countries where cervical cancer screening is not routine, cervical cancer is a common cancer in women. In the United States, certain ethnic groups (black women, Hispanic women, and certain subgroups of Asian women) have higher rates of cervical cancer.

The HPV vaccine is administered by intramuscular injection, and the recommended schedule is a 3-dose series with the second and third doses administered 2 and 6 months after the first dose. The recommended age for vaccination of females is 11--12 years; however, vaccine can be administered as young as age 9 years. Catch-up vaccination is recommended for females aged 13--26 years who have not been previously vaccinated.



Vaccination is not a substitute for routine cervical cancer screening, and vaccinated females should have cervical cancer screening as recommended. More information can be found in the MMWR article at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm).

## Requirements versus Recommendations

(Reprinted with permission from the August 2006 Parents PACK newsletter at [www.chop.edu](http://www.chop.edu))

- Q.** Are requirements and recommendations the same thing?
- A.** No. Recommendations made by the CDC are based on health and safety considerations. Requirements, on the other hand, are laws made by each state government determining which vaccines a child must have before entering school. To use an example, consider smoking. Experts tell us that smoking is bad for our health, but it is still our choice whether we smoke or not; that is like a recommendation. In contrast, no-smoking laws prohibit people from smoking in certain places and vary from state to state; this is similar to a requirement.

## INFLUENZA

### FDA Selects Vaccine Strains for the U.S. Flu Vaccine for 2007-2008 Season

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met on February 28 to select the influenza virus strains for the composition of the influenza vaccine for use in the 2007-2008 U.S. influenza season. During this meeting, the advisory panel reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics, serological responses to 2006/2007 vaccines, and the availability of candidate strains and reagents.

The panel recommended that vaccines to be used in the 2007-2008 influenza season in the U.S. contain the following:

- an A/Solomon Islands/3/2006 (H1N1)-like virus;
- an A/Wisconsin/67/2005 (H3N2)-like virus;
- a B/Malaysia/2506/2004-like virus

The influenza vaccine composition to be used in the 2007-2008 influenza season in the U.S. is identical to that recommended by the World Health Organization on February 14, 2007.

## VACCINE PREVENTABLE DISEASES

### Adult Measles Associated with Adoption of Children in China

A recent report in CDC's Morbidity and Mortality Weekly Report (MMWR) describes three cases of measles in adults associated with adoption-related travel to China. Public health officials were notified of the first case on August 15, 2006. The cases occurred in three states: California, Missouri and Washington. China is the leading country of origin for foreign-born children adopted in the United States. National and local measles outbreaks in China present an increased risk for measles exposure to travelers and potential importation into the United States. Health care providers should continue to promote appropriate pre-travel vaccination for their patients. More information can be found in the MMWR article at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5607a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5607a3.htm).

## Case Definition for Chronic Hepatitis B Virus Infection Changes

### Information for Michigan Providers

It is very important to remember that in Michigan only the hepatitis B surface antigen (HBsAg)-positive results are reportable. All HBsAg-positive test results in a pregnant woman must be reported to the local health department within 24 hours of diagnosis or discovery. If a pregnant woman who is known to be chronically infected with HBV is not tested for HBsAg, we may miss the opportunity to appropriately treat her infant at birth. For the Perinatal Hepatitis B Prevention Program, it is critical that all pregnant women are routinely tested for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested.

The updated case definition is posted on the CDC website at [www.cdc.gov/epo/dphsi/print/hepatitisbcurrent.htm](http://www.cdc.gov/epo/dphsi/print/hepatitisbcurrent.htm).

## VACCINE SAFETY & COMMUNICATION

### No Evidence that Thimerosal Causes Autism

(Reprinted from the IAC Express - Issue 591, April 10, 2006 – online at [www.immunize.org/express](http://www.immunize.org/express))

A summary for parents of the evidence explaining that thimerosal is not a cause of autism is available on the Immunization Action Coalition (IAC) website. It was written by Paul A. Offit, MD. An immunization expert, Dr. Offit is Chief, Division of Infectious Diseases, Children's Hospital of Philadelphia, and professor of pediatrics and Maurice R. Hilleman Professor of Vaccinology, University of Pennsylvania School of Medicine.

The summary is posted at [www.immunize.org/catg.d/p2066.pdf](http://www.immunize.org/catg.d/p2066.pdf).

### CDC Website Provides Vaccine Safety Information

Where can you look for answers when you get tough questions from parents about vaccine safety issues? The National Centers for Immunization and Respiratory Diseases (NCIRD) at CDC has a section of its website devoted strictly to vaccine safety issues. Simply go to [www.cdc.gov/od/science/iso](http://www.cdc.gov/od/science/iso) and you are well on your way to up-to-date and reliable information to help you when parents ask you questions about vaccine safety.

### Let's Put an End to the Stomach Flu Myth

Contrary to common belief, stomach and intestinal complaints are not generally a feature of the flu, except sometimes in small children. The flu is a respiratory illness and the lungs are affected. The virus doesn't even spread throughout your body. The headache, fever and aching muscles are actually an inflammatory response – your body is working overtime to try to kill off the virus in your lungs. As for the term stomach flu, well, there's no such thing.

As a health care provider, you already knew this. However, many people don't know this, and the myth of the *stomach flu* continues from year to year unabated.

As health care professionals, it's up to us to start correcting people – and educating people – about this myth. In our day-to-day lives, both our personal and our work lives, when we hear people use the term stomach flu, let's start correcting them and educating them – it only takes a minute. The MDCH Division of Immunization suggests using the generic term "stomach virus" if someone has a gastrointestinal illness.

It's our responsibility to stop this myth, once and for all. After all, if we don't end this myth, who will?

## TRAINING OPPORTUNITIES & EVENTS

### Regional Immunization Conferences Scheduled in October and November

#### **Registration will begin August 1.**

The Michigan Department of Community Health (MDCH) will once again offer regional immunization conferences in October and November. The one-day fall conferences have annually attracted a large number of health care professionals who attend to learn about practice-management tools, techniques and information that will help ensure that patients throughout the state are fully immunized. Every fall, most of these regional conferences fill up in advance. For that reason, we will hold eight conferences this fall.

Conference brochures will be distributed during the first week of August. If you would like a copy of the conference brochure, send an e-mail message to [franklinr@michigan.gov](mailto:franklinr@michigan.gov). Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the list and a conference registration form will be emailed to you during the first week of August. Information about the conferences is also posted on the MDCH website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under the *Provider Information* section).

#### **If you received this newsletter by email, you don't need to subscribe again.**

If the Michigan Immunization Update newsletter is already being sent to you through email, it is NOT necessary for you to send us your email address again. All of the people who receive the newsletter by email will also receive the conference brochure by email.

Once you have received your conference brochure, we encourage you to register early since space is limited. (However, registrations will not be accepted before August 1.)

#### **Fall Regional Immunization Conferences Schedule**

Oct. 9 – Marquette	Nov. 7 – Kalamazoo
Oct. 11 – Gaylord	Nov. 8 – Kalamazoo
Oct. 30 – East Lansing	Nov. 14 – Detroit
Nov. 1 – Troy	Nov. 15 – Ypsilanti

#### **Registration will begin August 1 and registrations will not be accepted prior to that date.**

For more information, go to [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under the *Provider Information* section).

### Upcoming Satellite Broadcast Scheduled August 9

Mark your calendars for the upcoming Immunization Update 2007 satellite broadcast, scheduled on August 9, from CDC's National Center for Immunization and Respiratory Diseases (NCIRD). As more information becomes available, it will be posted at <http://www2.cdc.gov/phtn>.

## **Immunization Information for Physicians and their Staff**

### **Earn CMEs and nursing contact hours**

Who is supposed to receive the new HPV vaccine? How do you know if you have the most current inactivated influenza Vaccine Information Statement (VIS)? Have the varicella recommendations changed in the last year? What are the recommendations for the new rotavirus vaccine? Immunization recommendations and vaccines change so quickly that it is sometimes hard to keep up. Wouldn't it be wonderful if someone could come to your office and tell you and your staff the latest news about immunizations? The Immunization Nurse Education Program, a joint venture between the Michigan Department of Community Health and local health departments, is designed to do just that: bring updated immunization information to your office.

These free update sessions, created for physicians, physician assistants, nurse practitioners, and other healthcare workers, bring current immunization information to your office at a time convenient for you and your staff. All you have to do is make the request! Updates include information on the current immunization schedules, current vaccine recommendations, vaccine administration, storage and handling and strategies to ensure that your patients are protected from vaccine preventable diseases. Useful immunization resources and materials with up-to-date information are included. Also included is the latest information concerning influenza and newly licensed vaccines. All programs offer free nursing continuing education credit. CME credits are also available for some of these programs.

### **The program offers eight modules:**

- Infant and Early Childhood (Birth through 6 years of age)
- Older Children and Adolescents (7 through 18 years of age)
- Adult Immunization (19 years of age and older)
- Vaccines Across the Lifespan
- Vaccine Administration
- Vaccine Management: Storage and Handling
- Vaccines for Children Program, and
- OB/GYN

The Immunization Nurse Education Program has experienced and knowledgeable nurses located in local health departments throughout Michigan. These nurses are dedicated to bringing up to date immunization information to help Michigan healthcare workers stay current on immunization practices.

Call Carlene Lockwood at 517-335-9070 to schedule an update session or for more information. Let us help you stay current on immunization recommendations and practices. Do your part to keep Michigan's residents safe from vaccine-preventable diseases by staying up to date on immunization issues.

## **MORE GREAT RESOURCES**

### **Free Brochures Available through MDCH**

The Michigan Department of Community Health has free educational brochures for a variety of ages and immunization topics - babies and toddlers, adolescent and adults, influenza, and hepatitis B.

To review all the MDCH patient educational materials and order FREE immunization brochures for your medical practice go to: [www.healthymichigan.com](http://www.healthymichigan.com) or call the MDCH Clearinghouse toll free at 1-888-76-SHOTS

Free immunization education materials for clinic staff are also available at the same website.

## **Perinatal Hepatitis B Prevention Program Manual Now Posted Online**

The new Michigan Department of Community Health (MDCH) Perinatal Hepatitis B Prevention Program Manual was completed and mailed to providers' offices in March. The manual has also been posted on the MDCH website at: [www.michigan.gov/hepatitisB](http://www.michigan.gov/hepatitisB).

The manual is divided into six sections:

- OB/GYN providers
- Laboratories
- Hospitals
- Local health departments
- Family practice providers
- Pediatric care providers

If you have questions, please contact the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

## **Yellow Fever Vaccine Provider Application Now Posted on MDCH website**

The Yellow Fever Vaccine Provider Application is now posted on the Michigan Department of Community Health (MDCH) website. Yellow fever materials and links to other travel vaccines websites are available on this site, as well as a directory of Yellow Fever Vaccination Clinics in Michigan. Ordering information for the International Certificate of Vaccination (yellow card) is also posted. Updated information will be posted as needed. Bookmark this website for all your travel vaccines information needs: [www.michigan.gov/yellowfever](http://www.michigan.gov/yellowfever).

## **Vaccine Information Statements Now Posted on MDCH Website**

The Vaccine Information Statements (VIS) are now posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize). In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

If you have any questions regarding the Vaccine Information Statements (VIS), please contact your local health department or the Michigan Department of Community Health at 517-335-8159.

## **CDC Publishes HPV Clinician Brochure and New Counseling Messages**

CDC recently updated its human papillomavirus (HPV) brochure for clinicians and posted four sets of counseling messages to assist providers in their HPV-related discussions with patients. The counseling messages address (1) information for parents about the HPV vaccine, (2) information for women about the Pap and HPV tests, (3) information for women who receive a positive HPV test result, and (4) information for patients receiving a genital warts diagnosis.

These materials are now available online as separate PDF files at [www.cdc.gov/std/hpv/hpv-clinicians-brochure.htm](http://www.cdc.gov/std/hpv/hpv-clinicians-brochure.htm).

They are also going to be printed as a package (brochure with counseling insert cards) for free online ordering (not available yet). We hope you find these resources useful and ask that you please share them with other providers in the field.

## Vaccine Information Statements (VIS) – Myth is Exposed

**MYTH:** A newly-licensed vaccine cannot be administered until a VIS is available for it.

**FACT:** The law does not require that a vaccine be withheld if a VIS for it does not yet exist.

When a new vaccine is licensed, CDC creates a VIS for it as quickly as possible. But development of a VIS can be delayed for a number of reasons.

Until a VIS is available for a particular vaccine, a provider may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information sheet – to inform patients about the benefits and risks of that vaccine.

Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS.

## AIM Toolkit now online at [www.aimtoolkit.org](http://www.aimtoolkit.org)

The 2007 Alliance for Immunization in Michigan (AIM) Provider Toolkit is now available online at [www.aimtoolkit.org](http://www.aimtoolkit.org). Providers are able to navigate the website with ease by browsing through familiar folders which are found in each printed AIM Provider Toolkit. The kit serves as a resource guide that contains the most current standards of practice, forms, and vaccination methodologies for immunization in Michigan. By utilizing the kit via the Internet, providers will have access to the most current and up-to-date immunization schedules, news, and information. Updates and corrections to the AIM Kit will be made on the AIM Kit website throughout the year, as needed.

Features of the kit include child, adolescent and adult immunization practices and materials, as well as information on talking to and educating families, and current vaccine storage practices and resources. Now, for the first time ever, and only available online, the kit will feature a new section on influenza resources. Flu materials will be posted on this website beginning in July.

The AIM coalition urges all providers and health care professionals to utilize the online tool kit in order to receive the most relevant, and up-to-date information on immunization practices in Michigan.

Paper copies of the AIM Kit can be ordered at the MDCH Clearinghouse website at [www.healthymichigan.com](http://www.healthymichigan.com) or by calling the clearinghouse's toll-free number (1-888-76-SHOTS). Distribution of paper copies of the 2007 AIM Kit began at the end of March.

Physicians and nurses can earn continuing education credits for reading the AIM Kit. Information about earning continuing education credits and CMEs is included in the Vaccine Storage and Resources section of the kit.

## AIM Toolkit Sponsors

The AIM Kits were made possible through the generous donations of:

- Blue Care Network
- Botsford General Hospital
- Care Choices
- Children's Hospital of Michigan/Detroit Medical Center
- Genesys Health System
- GlaxoSmithKline
- Great Lakes Health Plan
- HealthPlus

*(List of sponsors is continued on page 15)*



- Henry Ford Health System-Department of Pediatrics
- M-CARE
- Michigan Health & Hospital Association
- Michigan Pharmacists Association
- Michigan State Medical Society
- Midwest Health Plan, Inc.
- Molina Healthcare of Michigan
- Physician Peer Education Project on Immunization
- Priority Health
- Saint Joseph Mercy Health System
- sanofi pasteur
- Sinai-Grace Hospital/Detroit Medical Center
- St. John Health
- Trinity Health Plans
- University of Michigan/C. S. Mott Children's Hospital

If you don't see your organization's name on this list, please consider becoming a sponsor of next year's AIM Kit. For information on how your organization can become a sponsor, call Rebecca Blake at 517-336-5729.

## **New Edition of Pink Book Now on CDC Website**

The 10th Edition of CDC's textbook, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the Pink Book) is now available online at [www.cdc.gov/nip/publications/pink](http://www.cdc.gov/nip/publications/pink).

The Pink Book provides immunization providers with comprehensive information about routinely recommended vaccines, vaccine preventable diseases and much more. Updates and corrections to the book will be made in the online edition as they occur. PowerPoint slide sets for each chapter are also available online. A hard copy of the Pink Book can be purchased for \$32 plus shipping.

## **Vaccine Education Center Website is a Valuable Resource for Parents**

For a great place to send parents who are seeking more information about vaccines, go to the Vaccine Education Center website at <http://vaccine.chop.edu>.

## **Test Your Storage and Handling Knowledge**

The Centers for Disease Control and Prevention (CDC) offers storage handling information and resource materials via their online Vaccine Storage and Handling Toolkit, which can be found at the following web link: <http://www2.cdc.gov/nip/isd/shtoolkit/content.html>. Under the Resources tab, there is an interactive game that will test your storage and handling knowledge. The game is called *The Cold Chain Challenge Storage and Handling Game* and allows up to six players to compete against each other for points while reviewing important storage and handling procedures.

MDCH is an Equal Opportunity Employer, Services and Programs Provider.

## **The Michigan Department of Community Health 2007 Fall Regional Immunization Conferences**

October 9	Marquette	Northern Michigan University
October 11	Gaylord	Treetops Conference Center
October 30	East Lansing	Kellogg Conference Center (M.S.U.)
November 1	Troy	M.S.U. Management Education Center
November 7	Kalamazoo	Fetzer Center (W.M.U.)
November 8	Kalamazoo	Fetzer Center (W.M.U.)
November 14	Detroit	Focus Hope Conference Center
November 15	Ypsilanti	Eagle Crest Conference Center

### **Continuing Education Credits available for Nurses**

The Michigan Nurses Association (MNA) will provide certificates awarding 5.5 contact hours to participants who are nurses (R.N.s or L.P.N.s) and who attend the conference. Nursing CE certificates will be available towards the end of the conference. The Michigan Nurses Association is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center, Commission on Accreditation.

### **CMEs available for Physicians**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Public Health Consortium and the Michigan Department of Community Health. The Public Health Consortium is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The Public Health Consortium designates this activity for a maximum of 5.5 AMA PRA Category I credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Registration will begin August 1**

Conference brochures will be distributed during the first week of August. To receive a conference brochure, send an e-mail message to [franklinr@michigan.gov](mailto:franklinr@michigan.gov). Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the list and a conference registration form will be emailed to you during the first week of August. Information about the conferences – including details about how to register - will also be posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under the *Provider Information* section).

### **Please note**

If the Michigan Immunization Update newsletter is already being sent to you through email, it is NOT necessary for you to send us your email address again. All of the people who receive the newsletter by email will also receive the conference brochure by email.

Once you have received your conference brochure, we encourage you to register early since space is limited.

### **Speakers**

Information about the keynote speakers is posted on the MDCH website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under the *Provider Information* section).

### **Registrations will not be accepted prior to August 1.**

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## Editor's Comments

As you read on page 1, this will be our last print version of this newsletter. We regret that it is necessary to stop printing the newsletter, but we have to find ways to cut costs. If you do not have convenient access to email, the newsletter will also be posted on our website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

We hope that this is not extremely inconvenient for our readers. We welcome your comments or suggestions. I can be reached at [franklinr@michigan.gov](mailto:franklinr@michigan.gov) or 517-335-9485.

- Rosemary Franklin, Editor

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## Attention Healthcare Workers

CDC has updated posters and flyers to help promote healthcare personnel (HCP) vaccinations. The updated materials reflect the Advisory Committee on Immunization Practices' (ACIP's) pertussis vaccine recommendations for healthcare personnel. The posters and flyers can be downloaded and printed in black and white or commercial quality color from <http://www.cdc.gov/nip/publications/#healthcare> (scroll down to Healthcare Worker Immunizations).